


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90069 021 ***150.00

DOCUMENT # P03000082518	
1. Entity Name IAN S. GIOVINCO, PA	

Principal Place of Business 2202 N WESTSHORE BLVD STE 200 TAMPA, FL 33606	<i>Same as Mailing address</i>	Mailing Address 501 KNIGHTS RUN 1234 TAMPA, FL 33602
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DO NOT WRITE IN THIS SPACE

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01212008 No Chg-P CR2E034 (11/05)

4. FEI Number 54-2118880	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
GROVINCO, IAN S 2202 N WESTSHORE BLVD STE 200 TAMPA, FL 33602	<i>Giovinco, Ian S. 501 Knights Run Ave 1234 Tampa, FL 33602</i>

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GIOVINCO, IAN S 501 KNIGHTS RUN #1234 TAMPA, FL 33602
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE <i>[Signature]</i>	<i>2/14/08</i>	<i>813-728-8548</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #